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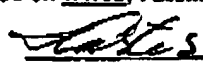
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TO: Commissioner of Patents
FAX NO.: 703-872-9306
FROM: Kin-Wah Tong, Esq.
DATE: July 7, 2005
MATTER: U.S. Serial No.: 09/518,753 filed: March 3, 2000
DOCKET NO.: SRI1P013X1 (PACK/3879-3)
APPLICANT: Arnold, et al.

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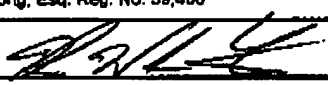
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/518,753
	Filing Date	March 3, 2000
	First Named Inventor	James F. Arnold
	Art Unit	2153
	Examiner Name	Flynn, Kimberly D.
Total Number of Pages in This Submission	Attorney Docket Number	SRI1P013X1 (PACK/3879-3)

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) ____	<input type="checkbox"/> After Allowance Communication to Technology Center (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Facsimile Transmission
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